PTO/SB/21 (09-08) Approved for use through 10/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/521,926 Filing Date TRANSMITTAL 07/22/2005 First Named Inventor FORM Heinz Berner Art Unit 1625 **Examiner Name** Raymond K. Covington (to be used for all correspondence after initial filing) Attorney Docket Number KS4258US.RCE (#90711) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board X Licensing-related Papers Fee Attached of Appeals and Interferences (credit card form) Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): PTOL-85 / RETURN POST CARD / Request for Refund **Express Abandonment Request** SMALL ENTITY CLAIM CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Please charge any additional fees or credit any overpayment to Deposit Reply to Missing Parts/ Account No. 08-2441. Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name D. Peter Hochberg Co., L.P.A. Signature Printed name D. Peter Hochberg Date Reg. No. 24,603 172009

## CERTIFICATE OF TRANSMISSION/MAILING

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## RANSMIT For FY 2009

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1070.00 CXXXX

Complete if Known				
Application Number	10/521,926			
Filing Date	07/22/2005			
First Named Inventor	Heinz Berner			
Examiner Name	Raymond K. Covington			
Art Unit	1625			
Attorney Docket No.	KS4258US.RCE (#90711)			

METHOD OF PAYMENT (check all that apply)							
Check X Credit Card Money Order Other (please identify):							
The Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
4 under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Small Entity Application Type Fee (\$)							
Utility 330 165 540 270 220 110							
Design 220 110 100 50 140 70							
Plant 220 110 330 165 170 85							
Reissue 330 165 540 270 650 325							
Provisional 220 110 0 0 0 0							
2. EXCESS CLAIM FEES  Small Entity							
Fee Description Fee (\$)							
Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110							
Each independent claim over 3 (including Reissues)  Multiple dependent claims  220 110 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
20 or HP = x = Fee (\$) Fee Paid (\$)							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)   - 100 =   /50 =   (round up to a whole number)   x   0.00   =   0.00							
4. OTHER FEE(S)  እንደነ እንደነ እንደነ እንደነ እንደነ እንደነ እንደነ እንደነ							
Other (e.g., late filing surcharge): Small entity issue fee + publication fee 1055.00							

SUBMITTED BY					
Signature	Medily		Registration No. (Attorney/Agent)	24,603	Telephone 216.771.3800
Name (Print/Type)	D. Peter Hochberg	; ;	n	•	Date Sentemb 17,2009

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